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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

DEC 17 2007 *new*

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

DEC 17 2007

Mr. Daryl Richie

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

07cv7071  
JUDGE GETTLEMAN  
MAG. JUDGE KEYS

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

Director of B.O.P.

MCC Warden Eric Wilson

John Pindowsky

Jason Dana

Daniel Greenstein

Richard Nieberdeen

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

Kim Wikup  
L.T. Fryer

**CHECK ONE ONLY:**

☐ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

☒ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Mr. Daryl Richie
- B. List all aliases: N/A
- C. Prisoner identification number: # 08780-424
- D. Place of present confinement: Metropolitan Correctional Center
- E. Address: 71 West Van Buren, Chicago Illinois 60605

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Dir Federal Bureau of Prison's  
Title: Director of B.A.P.  
Place of Employment: \_\_\_\_\_
- B. Defendant: Eric Wilson  
Title: Warden  
Place of Employment: Metropolitan Correctional Center
- C. Defendant: John Pindowsky  
Title: Psychiatrist  
Place of Employment: Metropolitan Correctional Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## II. Defendants:

D) Defendant: Mr. John Jason Dana

Title: Psychiatrist

Place of Employment: Metropolitan Correctional Center

E) Defendant: Daniel Greenstein

Title: Psychiatrist

Place of Employment: Metropolitan Correctional Center

F) Defendant: Richard Nieberdeen

Title: Psychiatrist

Place of Employment: Metropolitan Correctional Center

G) Defendant: Kim Wikup

Title: Marshal, Head Marshal

Place of Employment: Marshal office of Illinois

H) Defendant: L.T. Fryer

Title: Lieutenant

Place of Employment: Metropolitan Correctional Center

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ( )

C. If your answer is YES:

1. What steps did you take?

I filed a grievance on the 8-15-07

2. What was the result?

The result can be viewed from exhibit A

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

yes. First it took me over two weeks to get a BP-8 form from my counselor. Then it took over 30 days to respond to my BP-8, by Mr. Owen's taking so long, my appeal was rejected.

D. If your answer is NO, explain why not:

- E. Is the grievance procedure now completed? YES ☒ NO ( )
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is YES:

1. What steps did you take?

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2. What was the result?

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H. If your answer is NO, explain why not:

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IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

# **V. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On 7-24-07 at approximately 12:30 p.m. I was in my bed asleep when a mentally disturbed inmate threw hot boiling water on me, this attack was totally unprovoked. This incident has caused me to receive second and third degree burns to my face, neck, ear and back. To compound this serious issue, I was ordered to Segregation for over three hours without any immediate medical attention, which has cruel and unusual punishment. I was told by staff, that I could not receive any medical help until the institutional count was done. From the staff view point this personal attack was not serious enough for medical attention. This gross negligence, and blatant disregard for human safety, is common practice here at the Metropolitan Correctional Center, when prison officials intentionally place prisoners in dangerous surroundings, when they intentionally ignore prisoner's serious medical needs or when they are deliberately indifferent either to prisoner's health or safety, they violate the United States Constitution. The basic legal standards governing this case are well established. Prison officials have a duty under the

8<sup>th</sup> and 14<sup>th</sup> amendments to protect prisoner's from violence at the hands of other prisoner's. Those amendments also impose a duty to attend to prisoner's Serious medical needs. This inmate should have been placed in a Special housing unit until his psychological evaluation was Completed. This deliberent attack, should have never happen to me, because on 2-6-07 another inmate was attack the very same way, his name is Mr. Joseph chess. <sup>II</sup> This institution never took any precautions to make sure that this type of attack never happen to any other person as of this day nothing has been done. The only reason my grievance was denied was because it took my counselor over 30 day's to respond to my B.R.G. By Mr. Owen's taking so long my grievance and my appeal was rejected.



**VI. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Where, the plaintiff asks that Judgment be entered for him and  
against the Defendant's and each of them in the amount of  
\$ 2,000,000. The Plaintiff also asks that he be awarded  
attorney fees and court costs and be granted such other and  
further relief as is just and equitable.

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this  
Complaint are true to the best of my knowledge, information and  
belief. I understand that if this certification is not correct, I may  
be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Mr. Daryl Richie  
(Signature of plaintiff or plaintiffs)

Mr. Daryl Richie  
(Print name)

#08780-424  
(I.D. Number)

Metropolitan Correctional Center

71, West Vanburen

Chicago, Illinois, 60605  
(Address)

**NOTICE TO INMATE:** You are advised that prior to receiving and filing a Request for Administrative Remedy Form BP-9, you must attempt to informally resolve your complaint through your correctional counselor. Briefly state complaint below and list what efforts you have made to resolve your complaint informally. Also, please state names of staff contacted.

Date Informal Resolution Form issued by Correctional Counselor: \_\_\_\_\_

Inmates' Name: DARYL RICHIE Number: 08780-929 Quarters: 15

1. Complaint: ON 7-24-07 AT APPROXIMATELY 12:30 PM I WAS IN THE BED SLEEP ANOTHER INMATE THREW BOILING WATER ON ME. I FEEL THIS ATTACK WAS UNPROVOKED, THEN I WAS PUT IN SEG FOR THREE HOURS BEFORE RECEIVING MEDICAL ATTEN.

2. Efforts made to informally resolve: I

3. Names of staff contacted: \_\_\_\_\_

Date returned to Correctional Counselor: 9-4-07

Daryl Richie 08780-929  
Inmates' signature and number

**CORRECTIONAL COUNSELORS COMMENTS:**

1. Efforts made to informally resolve: I CONTACTED LT. EWELL ABOUT YOUR request to have a copy of the charges <sup>and a</sup> copy of the pictures of your body. He stated that you must get these items through your attorney. Your attorney must contact the Bol attorney.

2. Names of staff contacted: LT. Jeremy Ewell

Date informally resolved: \_\_\_\_\_

Signature: \_\_\_\_\_

OR

Date BP-9 issued: \_\_\_\_\_

Correctional Counselor

Distribution: I. If complaint is informally resolved, forward original to AW(O) (Attent) AW(O) Secretary and copy to Warden.

II. If complaint is NOT informally resolved, forward original to attached BP-9 form to AW(O) (Attention: 'AW(O) Secretary).

For use by Department Head if BP-9 Response Drafted: \_\_\_\_\_

Code

Code

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: RICHIE DARYL A. 08780-424 15 M.C.C. CHICAGO  
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

## Part A- INMATE REQUEST

ON JULY 21, 07, I WAS LAYING IN BED ASLEEP, WHEN ANOTHER INMATE ASULTED M. THREW BOILING WATER ON ME CAUSING 2ND & 3RD DEGREE BURNS TO MY FACE, NECK, BACK AND EAR. PRISON OFFICIALS HAVE A DUTY UNDER THE 8TH AND 14TH AMENDMENTS TO PROTECT PRISONERS FROM VIOLENCE AT THE HANDS OF OTHER INMATES. DUE TO THE NEGLIGENCE OF THE STAFF AT THE M.C.C. NOT PROPERLY SCREENING PSY APTS. HERE FOR EVALUATION BEFORE PLACING THEM IN POPULATION, ENDANGERING EVERY STAFF MEMBER AND INMATE HERE, THIS IS A DIRECT RESULT OF THE NEGLIGENCE OF THE WARDEN, PSYC. DEPT. THE BOP, I WAS PUT IN THE HOLE FOR THREE HOURS BEFORE BEING TREATED, WHAT COULD HAVE SAVED MY HEARING IN MY LEFT EAR. CRUEL AND UNDUKE PUNISHMENT, THEREFORE I AM SEEKING DAMAGES IN THE AMOUNT OF ONE HUNDRED FIVE MILLION DOLLARS.

10-24-07

DATE

Daryl A. Richie

SIGNATURE OF REQUESTER

## Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: \_\_\_\_\_

## Part C- RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: \_\_\_\_\_

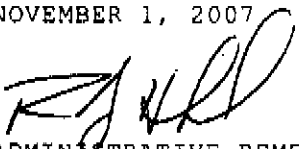
DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 1, 2007

  
FROM: ADMINISTRATIVE REMEDY COORDINATOR  
CHICAGO MCC

TO : DARYL RICHIE, 08780-424  
CHICAGO MCC UNT: JAIL UNSEN QTR: D04-013U  
71 WEST VAN BUREN STREET  
CHICAGO, IL 60605

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST  
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY  
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 471834-F1 ADMINISTRATIVE REMEDY REQUEST  
DATE RECEIVED : NOVEMBER 1, 2007  
SUBJECT 1 : OTHER COMPLAINT AGAINST STAFF  
SUBJECT 2 :  
INCIDENT RPT NO:

REJECT REASON 1: YOUR REQUEST IS UNTIMELY. INSTITUTION AND CCC REQUESTS  
(BP-09) MUST BE RECEIVED W/20 DAYS OF THE EVENT COMPLAINED  
ABOUT.

**PART B- RESPONSE TO ADMINISTRATIVE REMEDY INDEX NO. 469293-F1**

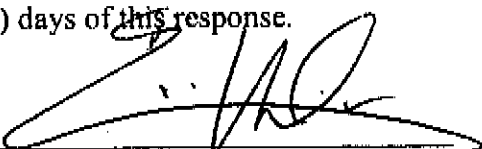
RICHIE, Daryl, Register No. 08780-424

This is in response to your administrative remedy, receipted October 11, 2007, in which you state that the MCC Chicago Health Services Department has failed to provide medical treatment for your ear.

A review of this matter reveals that you were injured in July 2007 when another inmate poured hot water on you. You suffered a second degree burn with water entering the outer ear. You were examined by the Health Services Department on August 23, 2007, for treatment on your ear. On September 13, 2007, you were scheduled to be seen by the Health Services Department but did not go to your appointment. On September 20, 2007, you were seen by the Health Services Department and treated with a solution to soften the wax in your ear.

It has since been determined by testing at MCC Chicago that you have documented hearing loss in your left ear. You are being referred to an audiologist for formal testing to determine if you require a hearing aid device to improve your hearing. Your case has been reviewed and approved through the Utilization Committee.

Therefore, your request for administrative remedy is granted. If you are not satisfied with this decision, you may appeal to the Director of the North Central Region, via BP-230, within twenty (20) days of this response.

  
Eric Wilson, Warden

12/4/07  
Date